

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017708

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4291

STATE FILE NUMBER

FILED APR 23 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. LouisLength of stay in 1b  
11 Days

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Walton Nursing Home  
4527 Forest ParkInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
9314 CorregidorReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Joel E. Hardin4. DATE OF DEATH  
Month Day Year  
April 17, 19635. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2/26/18959. AGE (last birthday)  
68IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Clerk10b. KIND OF BUSINESS OR INDUSTRY  
Hotel11. BIRTHPLACE (City and state or country)  
Kentucky12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Joe Hardin

## 13b. MOTHER'S MAIDEN NAME

Tibitha Toms

## 14. NAME OF HUSBAND OR WIFE

Doris Hardin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

No

## 16. SOCIAL SECURITY NO.

7

## 17. INFORMANT

Wanda J. Bollinger 9314 Corregidor

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary Emphysema

## PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from April 6, 1963 to April 17, 1963 and last saw her alive on April 16, 1963  
Death occurred at 12:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Robert D. Sanders, M.D.

## (Degree or title)

## 22b. ADDRESS

5500 S Broadway

## 22c. DATE SIGNED

4-18-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4/19/63

## 23c. NAME OF CEMETERY OR CREMATORY

Mount Lebanon Cemetery

## 23d. LOCATION (City, town, or county)

St. Ann, Mo.

## (State)

## 24. FUNERAL DIRECTOR

Collier Mortuary, St. Ann, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

APR 18 1963

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Sheldon Collier*

Licensed Embalmer No. 3382

P. O. Address

St. Ann mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.